

**FORM 1**

**STATEMENT OF  
FINANCIAL INTERESTS**

**2015**

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

105675298

**RECEIVED**  
 2016 JUL 20 AM 8:27  
 SUPERVISOR OF ELECTIONS  
 MARION COUNTY, FLORIDA

LAST NAME -- FIRST NAME -- MIDDLE NAME :  
 Adams Arthus Cyrus

MAILING ADDRESS :  
 2265 Mill Creek Circle

CITY : Ocala      ZIP : 34471-8387      COUNTY : Marion

NAME OF AGENCY :  
 Tourist Developemnet Council, Ocala Planning & Zoning Board

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
 TDC - Councilmen, P & Z - Chairman

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

\*\*\*\* **BOTH PARTS OF THIS SECTION MUST BE COMPLETED** \*\*\*\*

**DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2015 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

**MANNER OF CALCULATING REPORTABLE INTERESTS:**

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

**COMPARATIVE (PERCENTAGE) THRESHOLDS** OR  **DOLLAR VALUE THRESHOLDS**

**PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Mid-Florida Physical Therapy	2210 SE 17th St Ocala, FL 34471	Medical Facility

**PART B -- SECONDARY SOURCES OF INCOME**

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

2265 Mill Creek Circle Ocala, FL 34471

1918 Clatter Bridge Circle Ocala, FL 34471

8665B SW 94th Street Ocala, FL 34478

**FILING INSTRUCTIONS** for when and where to file this form are located at the bottom of page 2.

**INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3.

<b>PART D — INTANGIBLE PERSONAL PROPERTY</b> [Stocks, bonds, certificates of deposit, etc. - See instructions] (If you have nothing to report, write "none" or "n/a")	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
See attached redacted ML Statement	Personal stock and bonds investments

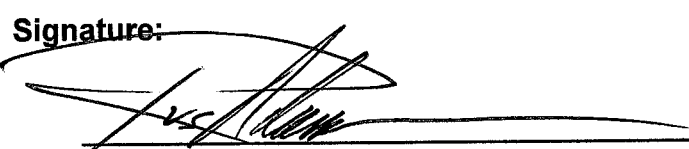
<b>PART E — LIABILITIES</b> [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")	
NAME OF CREDITOR	ADDRESS OF CREDITOR
Flag Star Bank	PO box 371891 Pittsburgh PA 15250-7891
Chase Bank	PO Box 183166 Columbus OH 43218-3166

<b>PART F — INTERESTS IN SPECIFIED BUSINESSES</b> [Ownership or positions in certain types of businesses - See instructions] (If you have nothing to report, write "none" or "n/a")		
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	J C Bricker Inc	
ADDRESS OF BUSINESS ENTITY	2265 Mill Creek Circle Ocala, FL 34471	
PRINCIPAL BUSINESS ACTIVITY	Medical Sales	
POSITION HELD WITH ENTITY	Officer	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	No	
NATURE OF MY OWNERSHIP INTEREST	board Member	

**PART G — TRAINING**  
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

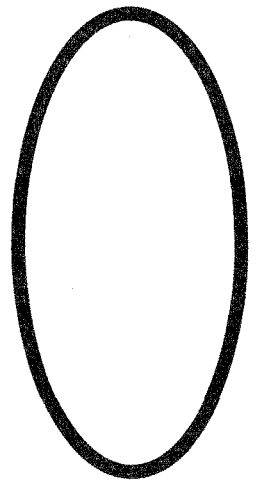
<p align="center"><b><u>SIGNATURE OF FILER:</u></b></p> <p>Signature: </p> <p>Date Signed: <u>July 14<sup>th</sup>, 2016</u></p>	<p align="center"><b><u>CPA or ATTORNEY SIGNATURE ONLY</u></b></p> <p>If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:</p> <p>I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.</p> <p>CPA/Attorney Signature: _____</p> <p>Date Signed: _____</p>
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<b><u>FILING INSTRUCTIONS:</u></b>		
<p><b>WHAT TO FILE:</b></p> <p>After completing all parts of this form, <b>including signing and dating it</b>, send back only the first sheet (pages 1 and 2) for filing.</p> <p>If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).</p> <p><b>NOTE:</b> <b>MULTIPLE FILING UNNECESSARY:</b> A candidate who previously filed Form 1 because of another public position must file a copy of his or her Form 1 when qualifying. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.</p> <p><b>Facsimiles will not be accepted.</b></p>	<p><b>WHERE TO FILE:</b></p> <p>If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.</p> <p><b>Local officers/employees</b> file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)</p> <p><b>State officers or specified state employees</b> file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.</p> <p><b>Candidates</b> file this form together with their qualifying papers.</p> <p>To determine what category your position falls under, see page 3 of instructions.</p>	<p><b>WHEN TO FILE:</b></p> <p><b>Initially</b>, each local officer/employee, state officer, and specified state employee must file <b>within 30 days</b> of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.</p> <p><b>Candidates</b> must file at the same time they file their qualifying papers.</p> <p><b>Thereafter</b>, file by July 1 following each calendar year in which they hold their positions.</p> <p><b>Finally</b>, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2015.</p>

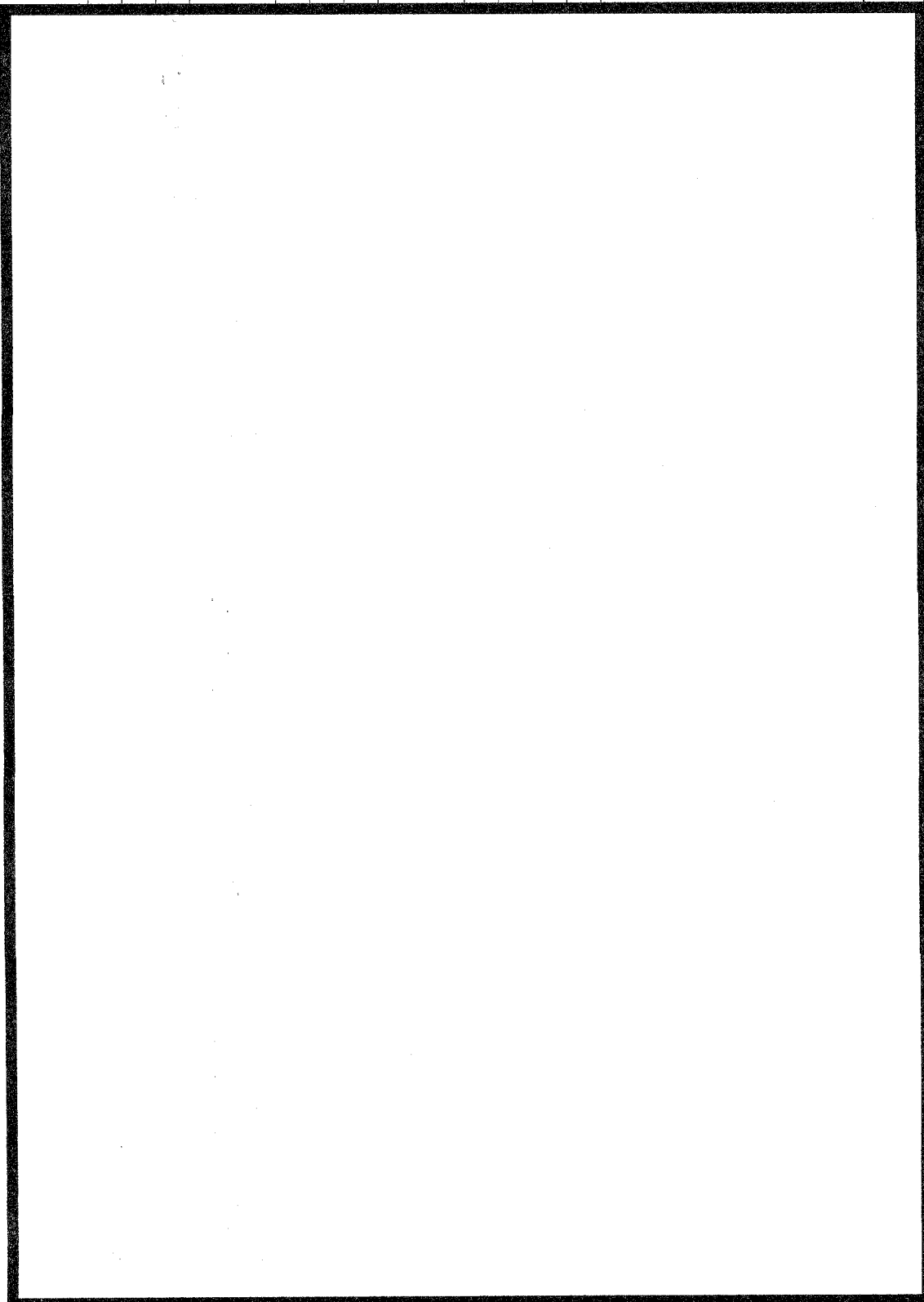
Plus CMA Investments

**YOUR CMA SUBACCOUNT ASSETS**

December 01, 2015 - December 31, 2015



<b>EQUITIES</b> (continued)
<i>Description</i>
CLEAR CHANNEL OUTDOOR HLDGS INC-A
<i>Subtotal</i>
HARLEY DAVIDSON INC WIS
INTEL CORP
JIM SMUCKER CO
JOHNSON AND JOHNSON COM
KRAFT (THE) HEINZ CO SHS
<i>Subtotal</i>
LIVE NATION ENT INC
M&T BANK CORPORATION
MCDONALDS CORP COM
MONDELEZ INTERNATIONAL INC
<i>Subtotal</i>
PHILIP MORRIS INTL INC
PROCTER & GAMBLE CO
SOUTHERN COMPANY



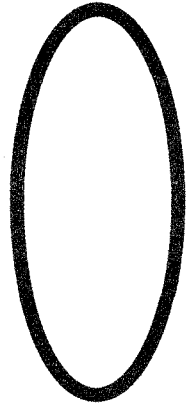
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Rus CMA Investments

24-Hour Assistance: (800) MERRILL

# YOUR CMA SUBACCOUNT ASSETS

December 01, 2015 - December 31, 2015



## CASH/MONEY ACCOUNTS

Description	Quantity	Total Cost Basis	Estimated Market Price	Estimated Market Value	Estimated Annual Income	Est. Annual Yield%
CASH						
+ML BANK DEPOSIT PROGRAM						
+FDIC INSURED NOT SIPC COVERED						
<b>TOTAL</b>						

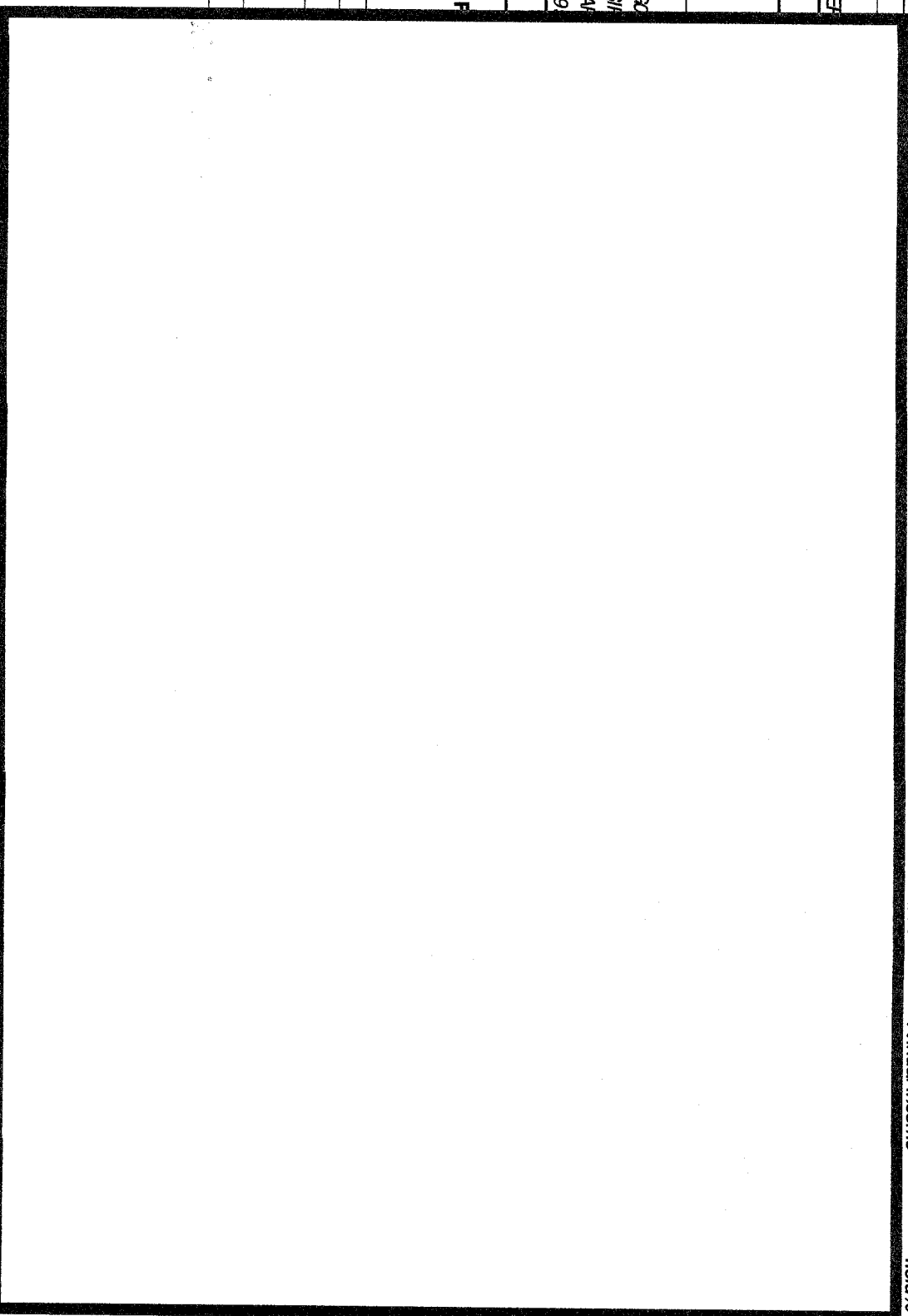
## MUNICIPAL BONDS

Description	Quantity	Total Cost Basis	Estimated Market Price	Estimated Market Value	Estimated Annual Income	Est. Annual Yield%
FLORIDA ST BRD ED PUB ED						
CAP OUTLAY 2005 SER G AUG						
MOODY'S: A1 S&P: AAA QJ/SIF						
PAR CALL DATE: 06/01/18 PA						
ORIGINAL UNIT/TOTAL COST: 9						
<b>TOTAL</b>						

PLEASE REFER TO NOTES BELOW

## EQUITIES

Description	Quantity	Total Cost Basis	Estimated Market Price	Estimated Market Value	Estimated Annual Income	Est. Annual Yield%
ALTRIA GROUP INC						
AUTOMATIC DATA PROC						
BERKSHIRE HATHAWAY INC						
DEL Q B NEW						
BP PLC SPON ADR						

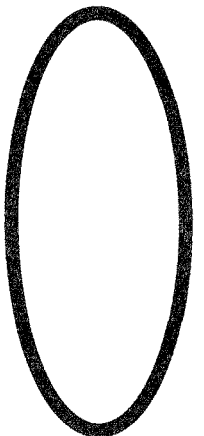


Plus OMA Investments

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# YOUR OMA SUBACCOUNT ASSETS

December 01, 2015 - December 31, 2015



## EQUITIES (continued)

Description	Symbl
WELLS FARGO & CO NEW DEB	W
<b>TOTAL</b>	

## MUTUAL FUNDS/ CLOSED END FUNDS/ UIT

Description

EATON VANCE TAX MANAGED

GROWTH 1.1 FUND CL I

SYMBOL: ETMX Initial Purchase: 0

Equity 100%

.1880 Fractional Share

## PIONEER STRATEGIC

INCOME FD CL Y

SYMBOL: STRYX Initial Purchase: 0

Fixed Income 100%

.5350 Fractional Share

## RS LOW DURATION BOND FD

CL Y

SYMBOL: RSDYX Initial Purchase: 0

Fixed Income 100%

.5480 Fractional Share

## T ROWE PRICE SPECTRUM

INCOME FUND CL NONE

SYMBOL: RPSIX Initial Purchase: 0

Fixed Income 100%

.5780 Fractional Share

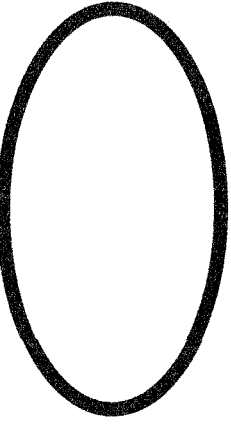
T ROWE PRICE TAX FREE

+

Rus CMA Investments

# YOUR CMA SUBACCOUNT ASSETS

December 01, 2015 - December 31, 2015



MUTUAL FUNDS/ CLOSED END FUNDS/ UIT	(continued)
Description	Quantity
<b>SHORT INTERMEDIATE FUND</b>	
SMBOL: PRFSX Initial Purchase: 06/03/13	
Fixed Income 100%	
.6870 Fractional Share	
.1600 Fractional Share	
Subtotal (Fixed Income)	
Subtotal (Equities)	
<b>TOTAL</b>	
<b>LONG PORTFOLIO</b>	
<b>TOTAL</b>	

**Total Client Investment:** Cost of shares directly purchased and still held. Does not include shares purchased through reinvestment.

**Cumulative Investment Return:** Estimated Market Value minus Total Client Investment.

**Initial Purchase:** Date of your initial investment in this fund.

**Market Timing:** Merrill Lynch's policies prohibit mutual fund market timing, which involves the purchase and sale of mutual fund shares within short periods of time with the intention of capturing short-term profits resulting from market volatility. Market timing may result in lower returns for long-term fund shareholders because market timers capture short-term gains that would otherwise pass to all shareholders and due to increased transaction costs and fewer assets for investment due to the need to retain cash to satisfy redemptions.

**Sales Charge Discounts or Waivers:** Many funds offer various sales charge discounts or waivers depending on the terms of the prospectus and/or statement of additional information. You should consult a fund's prospectus and/or statement of additional information to determine whether you may qualify for a discount or waiver. Notify your Financial Advisor, Financial Solutions Advisor or Investment Center representative if you believe you qualify for any of these or any other discounts or waivers. Please contact your Financial Advisor, Financial Solutions Advisor or Investment Center representative for further information on available sales charge discounts and waivers.

**Unrealized Gain or (Loss):** Estimated Market Value minus Total Cost Basis (total cost of shares directly purchased and still held, as well as cost of shares acquired through reinvestment). Provided for Tax Planning purposes only and is not applicable to retirement accounts.

**Initial Purchase:** Date of your initial investment in this fund.

**Market Timing:** Merrill Lynch's policies prohibit mutual fund market timing, which involves the purchase and sale of mutual fund shares within short periods of time with the intention of capturing short-term profits resulting from market volatility. Market timing may result in lower returns for long-term fund shareholders because market timers capture short-term gains that would otherwise pass to all shareholders and due to increased transaction costs and fewer assets for investment due to the need to retain cash to satisfy redemptions.

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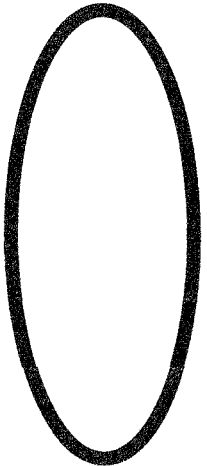
**Sales Charge Discounts or Waivers:** Many funds offer various sales charge discounts or waivers depending on the terms of the prospectus and/or statement of additional information. You should consult a fund's prospectus and/or statement of additional information to determine whether you may qualify for a discount or waiver. Notify your Financial Advisor, Financial Solutions Advisor or Investment Center representative if you believe you qualify for any of these or any other discounts or waivers. Please contact your Financial Advisor, Financial Solutions Advisor or Investment Center representative for further information on available sales charge discounts and waivers.

IRA - Retirement

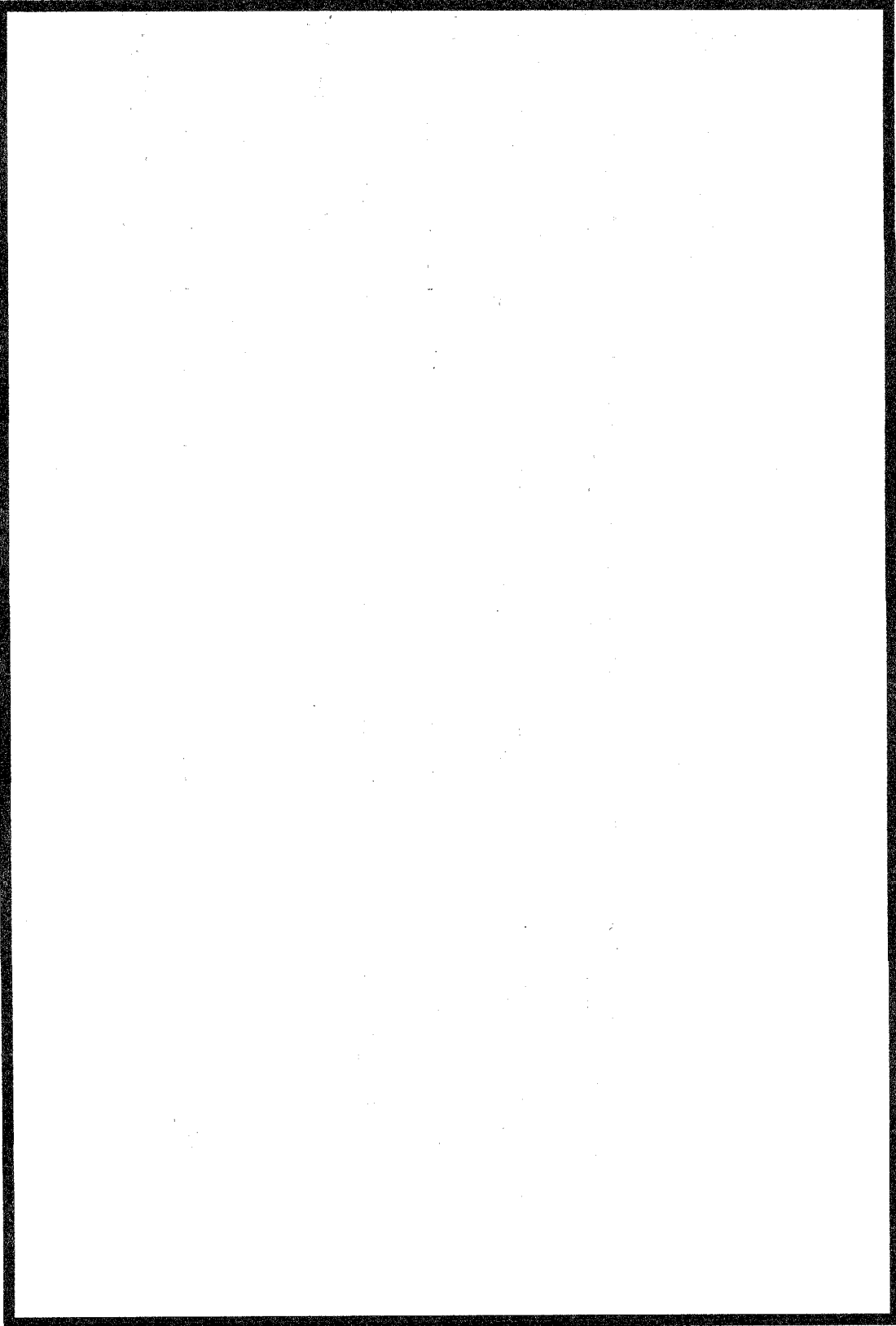
24-Hour Assistance: (800) MERRILL

# YOUR RETIREMENT ACCOUNT ASSETS

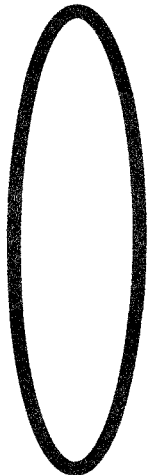
December 01, 2015 - December 31, 2015



<b>EQUITIES</b>
<i>Description</i>
ABBOTT LABS
Subtotal
AMER EXPRESS COMPANY
Subtotal
APPLE INC
Subtotal
AT&T INC
Subtotal
BERKSHIRE HATHAWAY INC
DEL CL B NEW
Subtotal
BRISTOL-MYERS SQUIBB CO
CHEVRON CORP
Subtotal
COCA COLA COM
Subtotal
COMCAST CORP NEW CL A
↓ CSX CORP
DIAGEO PLC SPSD ADR NEW
DOVER CORP
EATON CORP PLC
Subtotal



IRA - Retirement



**ACCOUNT INVESTMENT OBJECTIVE**

December 01, 2015 - December 31, 2015

**TOTAL RETURN:** Objective is to strike a balance between current Income and growth. Despite the relatively balanced nature of the portfolio, the investor should be willing to assume the risk of price volatility and principal loss.

If you have changes to your investment objective, please contact your Financial Advisor(s).

**INVESTMENT ADVISORY PROGRAM**

We encourage you to contact your Financial Advisor(s) if there have been any changes in your financial situation or investment objectives, or if you wish to impose any reasonable restrictions on the management of your account(s) or reasonably modify existing restrictions.

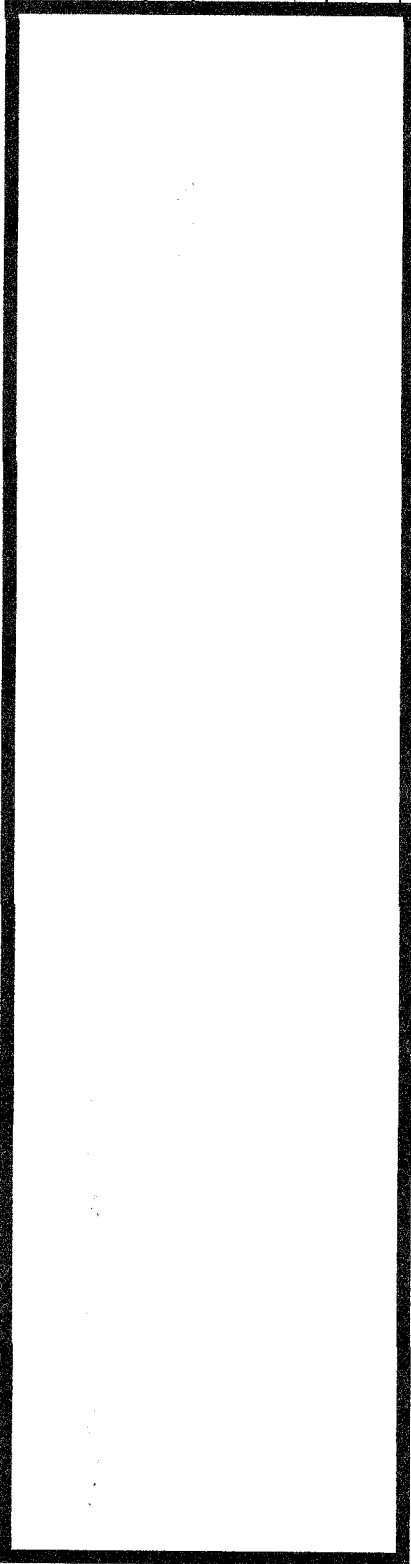
Upon your request, and at no charge, we will provide to you more detailed information regarding the Program Fees that you pay. Please contact your Financial Advisor(s) if you would like to request this detailed Account fee information.

If you would like to receive a free copy of the current Form ADV Brochure(s) for the Investment Advisory Program, please send a written request with your account number(s) to: Managed Accounts Processing and Services, 4800 Deer Lake Drive West, Building 1, 3rd Fl., Jacksonville, FL 32246. You may also obtain a copy of the Investment Advisory Program Form ADV Brochure(s) by accessing the SEC's website at [www.adviserinfo.sec.gov](http://www.adviserinfo.sec.gov).

As part of the Investment Advisory Program, you will be provided with periodic performance measurement reports to help you monitor and assess the performance of your account(s). Should you have any questions regarding these reports or would like performance measurement reports on a more frequent basis, please contact your Financial Advisor(s).

**YOUR RETIREMENT ACCOUNT ASSETS**

CASH/ MONEY ACCOUNTS	
Description	
CASH	
+BANK OF AMERICA, NA RASP	
+FDIC INSURED NOT SIPC COVERED	
(1200 FRACTIONAL SHARE)	
<b>TOTAL</b>	



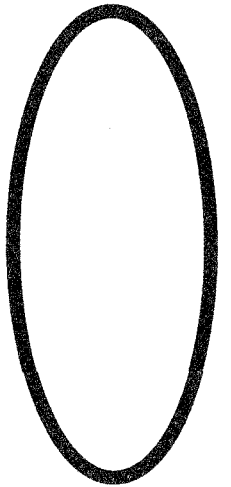


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# YOUR RETIREMENT ACCOUNT ASSETS

December 01, 2015 - December 31, 2015



**EQUITIES (continued)**

*Description*

PRICE T ROWE GROUP INC

*Subtotal*

PROCTER & GAMBLE CO

*Subtotal*

SCHLUMBERGER LTD

*Subtotal*

UNITED PARCEL SVC CL B

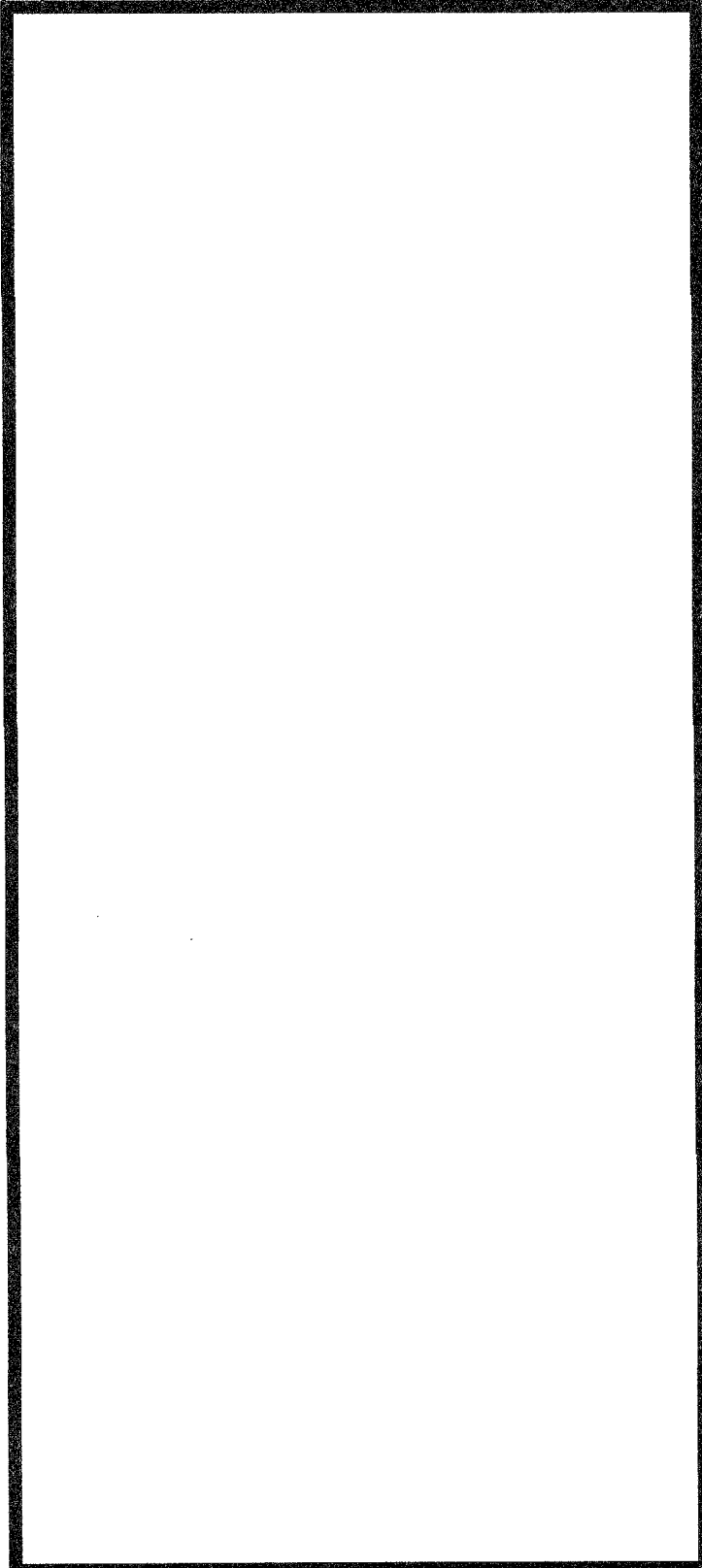
*Subtotal*

US BANCORP (NEW)

WAL-MART STORES INC

WELLS FARGO & CO NEW DE

**TOTAL**



**MUTUAL FUNDS/ CLOSED END FUNDS/ UIT**

*Description*

BLACKROCK GLOBAL

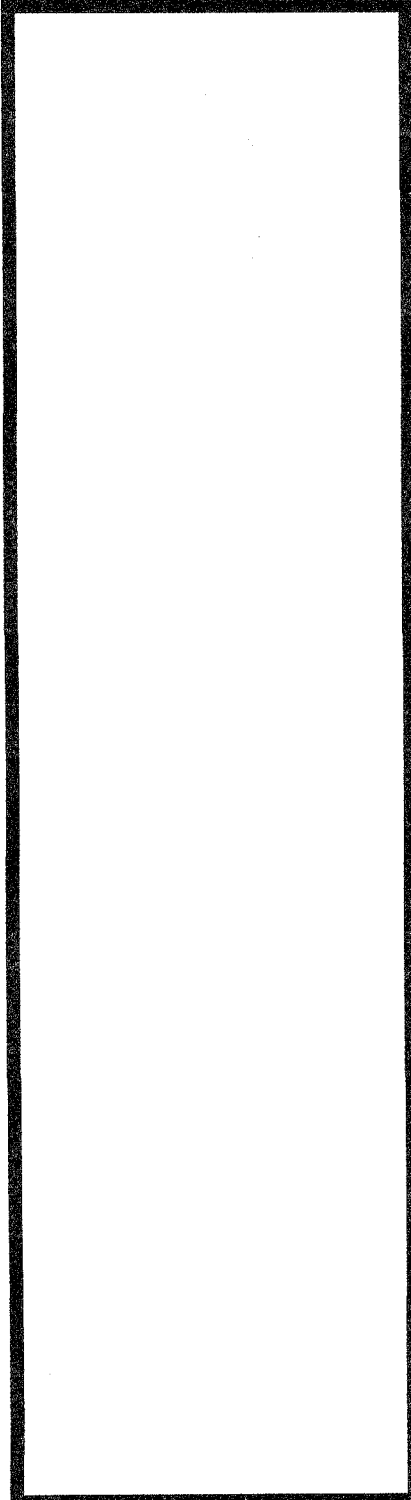
ALLOCATION FD INC/INSTL

SYMBOL: MALOX Initial Purchase: 0

Fixed Income 40% Equity 60%

.9120 Fractional Share

DEUTSCHE CROCI



+

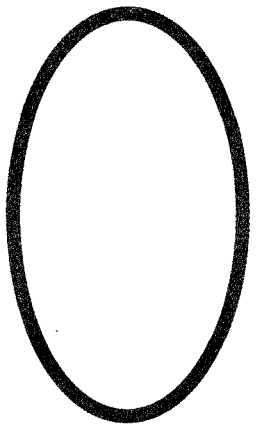
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# YOUR RETIREMENT ACCOUNT ASSETS



December 01, 2015 - December 31, 2015

**EQUITIES (continued)**

Description

EXXON MOBIL CORP COM

*Subtotal*

FEDEX CORP DE LAWARE COM

GENERAL ELECTRIC

*Subtotal*

HONEMWELL INTL INC DEL

INTEL CORP

JOHNSON AND JOHNSON COM

JPMORGAN CHASE & CO

*Subtotal*

KRAFT (THE) HEINZ CO SHS

M&T BANK CORPORATION

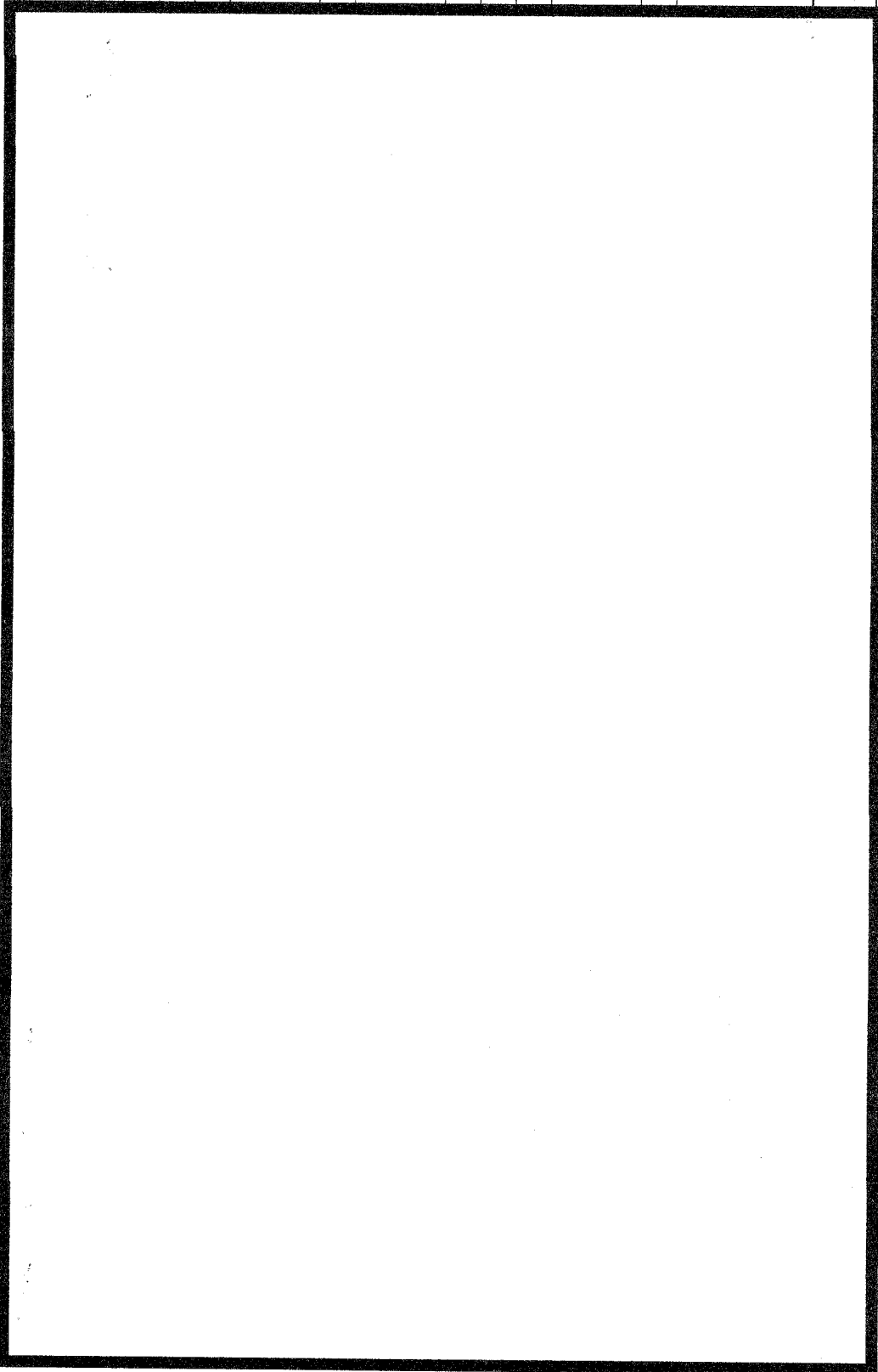
*Subtotal*

MERCK AND CO INC SHS

MICROSOFT CORP

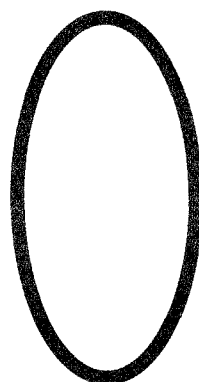
NEXTERA ENERGY INC SHS

PPL CORPORATION



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# YOUR RETIREMENT ACCOUNT ASSETS



December 01, 2015 - December 31, 2015

## MUTUAL FUNDS/ CLOSED END FUNDS/ UIT

Description

INTERNATIONAL FUND CL S  
 SYMBOL: SCINX Initial Purchase: 0  
 Equity 100%  
 .1620 Fractional Share

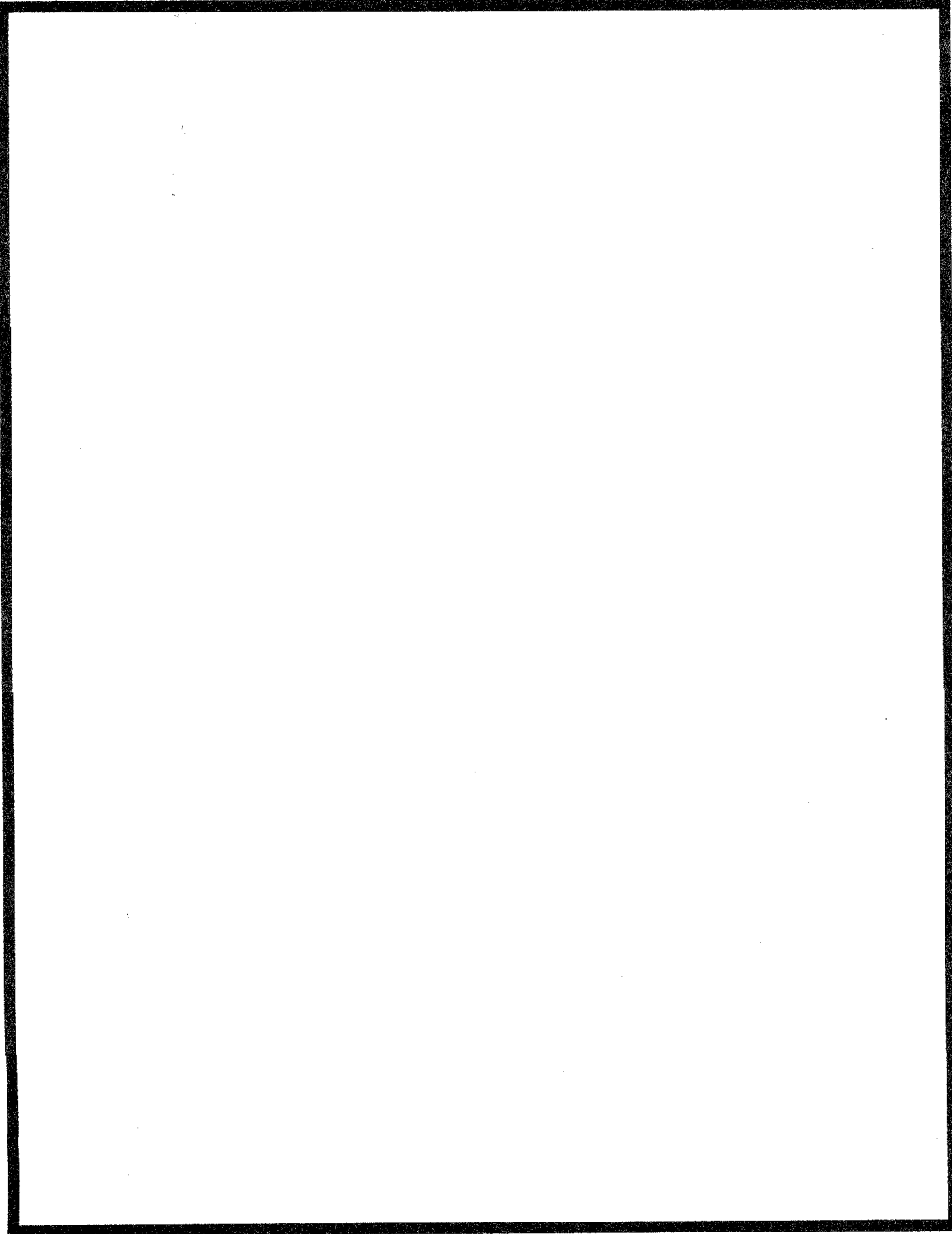
LORD ABBETT SHORT  
 DURATION INCOME FD CL F  
 SYMBOL: LDLFX Initial Purchase: 0  
 Fixed Income 100%  
 .6920 Fractional Share

MFS LIFETIME INCOME FUND  
 CLASS I  
 SYMBOL: MLLIX Initial Purchase: 0  
 Fixed Income 71% Equity 29%  
 .7400 Fractional Share

POWERSHARES EXCHANGE  
 TRADED FD TR II S&P 500 LOW VOL  
 SYMBOL: SPLV Initial Purchase: 0  
 Equity 100%

PRUDENTIAL SHORT TERM  
 CORPORATE BOND FD INC Z  
 SYMBOL: PIFZX Initial Purchase: 0  
 Fixed Income 100%  
 .5400 Fractional Share

RS LOW DURATION BOND FD  
 CL Y  
 SYMBOL: RSDYX Initial Purchase: 0

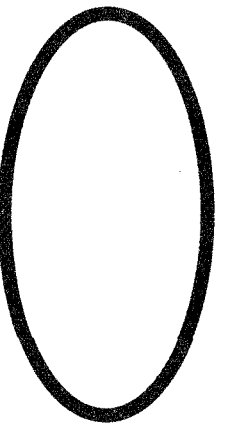


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# YOUR RETIREMENT ACCOUNT ASSETS

December 01, 2015 - December 31, 2015



## MUTUAL FUNDS/ CLOSED END FUNDS/ UIT

Description

Fixed Income 100%

.6530 Fractional Share

## SPDR GOLD TRUST

SYMBOL: GLD Initial Purchase: .06

Alternative Investments 100%

## SPDR S P DIVID ETF

SYMBOL: SDY Initial Purchase: .06

Equity 100%

## T ROWE PRICE SPECTRUM

INCOME FUND CL NONE

SYMBOL: RPSIX Initial Purchase: .06

Fixed Income 100%

.7500 Fractional Share

## VOYA GLOBAL BOND FUND

CLASS I

SYMBOL: GBIX Initial Purchase: .06

Fixed Income 100%

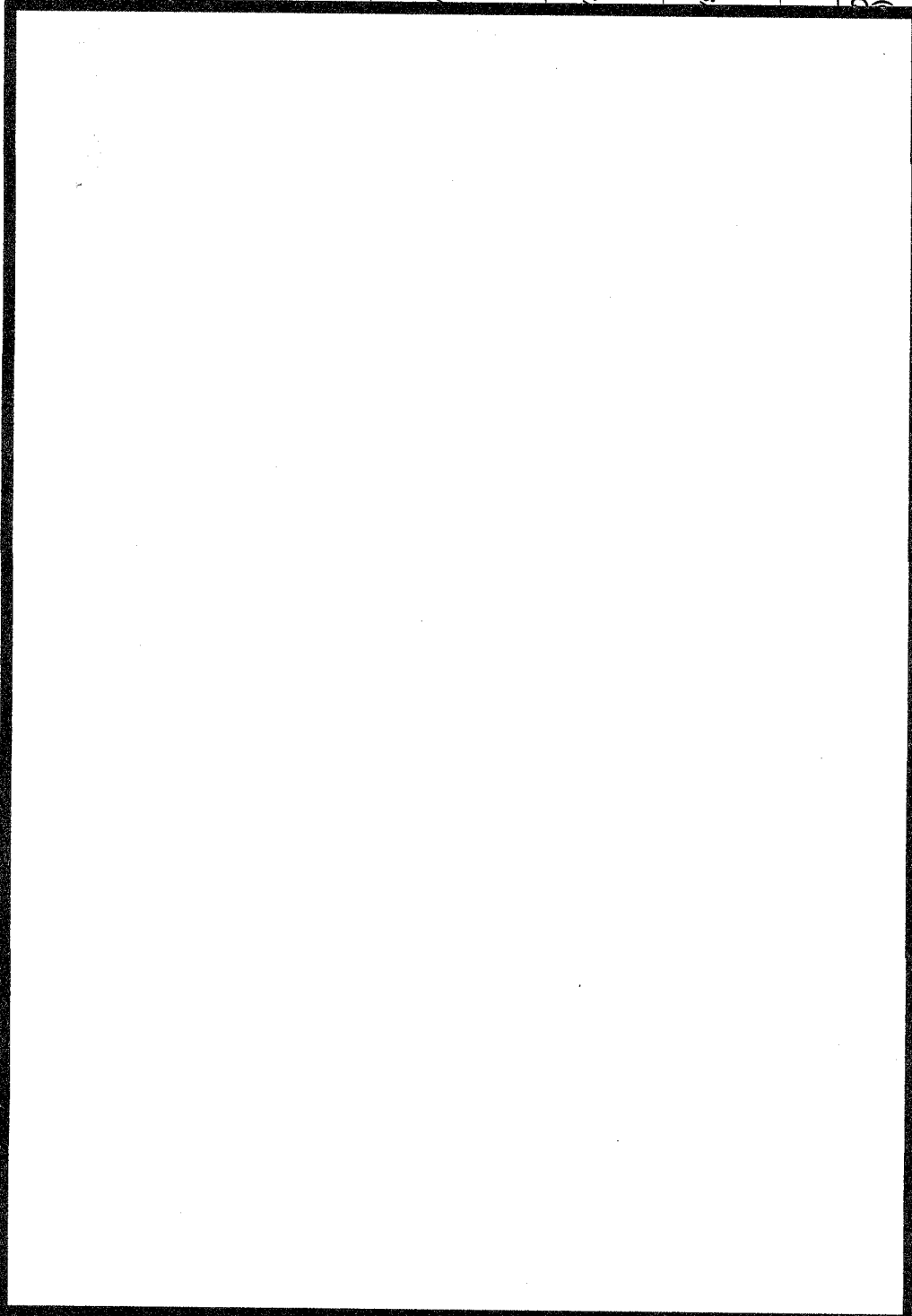
.1050 Fractional Share

Subtotal (Fixed Income)

Subtotal (Equities)

Subtotal (Alternative Investments)

**TOTAL**



+